

AO435 (Rev. 04/18; WDVA Rev. 11/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
<b>TRANSCRIPT ORDER FORM</b>				DUE DATE:	
<i>Please Read Instructions on Page 2.</i>					
<b>1. REQUESTOR'S INFORMATION:</b>		NAME Maya Eckstein		TELEPHONE NUMBER (804) 788-8788	
DATE OF REQUEST 02/09/2023		EMAIL ADDRESS ( <i>Transcript will be emailed to this address.</i> ) meckstein@huntonAK.com; mhaydenwinston@huntonAK.com			
MAILING ADDRESS 951 E. Byrd Street				CITY, STATE, ZIP CODE Richmond, VA 23219	
<b>2. TRANSCRIPT REQUESTED:</b>		NAME OF COURT REPORTER Lisa Blair			
		OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR			
CASE NUMBER 3:22cv00049		CASE NAME Baby Doe, et al. v. Joshua Mast, et al.		JUDGE'S NAME Norman Moon	
DATE(S) OF PROCEEDING(S) 02/08/2023		TYPE OF PROCEEDING(S) Hearing		LOCATION OF PROCEEDING Zoom Video Conference	
REQUEST IS FOR: ( <i>Select one</i> ) <input checked="" type="checkbox"/> FULL PROCEEDING OR <input type="checkbox"/> SPECIFIC PORTION(S) ( <i>Must specify below</i> )					
SPECIFIC PORTION(S) REQUESTED ( <i>If applicable</i> ):					
<b>3. SERVICE TURNAROUND CATEGORY REQUESTED:</b> ( <i>See Page 2 for descriptions of each service turnaround category.</i> )					
<input type="checkbox"/> Ordinary (30-Day)			<input type="checkbox"/> Daily		
<input checked="" type="checkbox"/> 14-Day			<input type="checkbox"/> Hourly		
<input type="checkbox"/> Expedited (7-Day)			<input type="checkbox"/> RealTime		
<input type="checkbox"/> 3-Day					
<b>4. CERTIFICATION:</b> By signing below, I certify that I will pay all charges (deposit plus additional).					
DATE 02/09/2023		SIGNATURE /s/ Maya M. Eckstein			

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to [CRC@vawd.uscourts.gov](mailto:CRC@vawd.uscourts.gov).

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**NOTE:** Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.